

Pilot Projects and Unmet Research Needs



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Project BEST

SAMHSA

- Demonstration mobile induction and stabilization program in New Haven, CT linked to local SEP to facilitate rapid entry into treatment
- Eligibility: DSM IV opioid dependence
- All patients routinely screened for co-morbid mental illness, TB, HIV and chronic viral hepatitis
 - Those without co-morbid conditions transferred to community-based MAT program for continued BPN
 - Those with co-morbid conditions retained within mobile health care unit to manage OD + medical conditions
- Voucher system linked to standardized counseling developed for retention

Preliminary Findings

- High addiction severity
- Referrals (N=344)
- Inductions (N=321, 93%)
 - Maintained on van for Tx (N=184, 57%)
 - Six-month retention = 68%
 - HIV+ (N=58, 18%) → outcomes
 - Major Depression (N=141, 44%) → outcomes
 - Accelerated HBV vaccination = 84%
 - PPD prevalence = 4% → outcomes
- Further health outcome data needed to determine the impact of BPN + Medical Care

Preliminary Findings

- Identified potential clinical pK drug interaction between BPN and ATV/r ¹
- Identified lack of adverse consequence in using BPN in patients with acute HCV ²
- More intensive counseling needed than previously intended ³
- Insufficient community providers to accept patients after induction
- New Jersey now replicating program in 6 cities

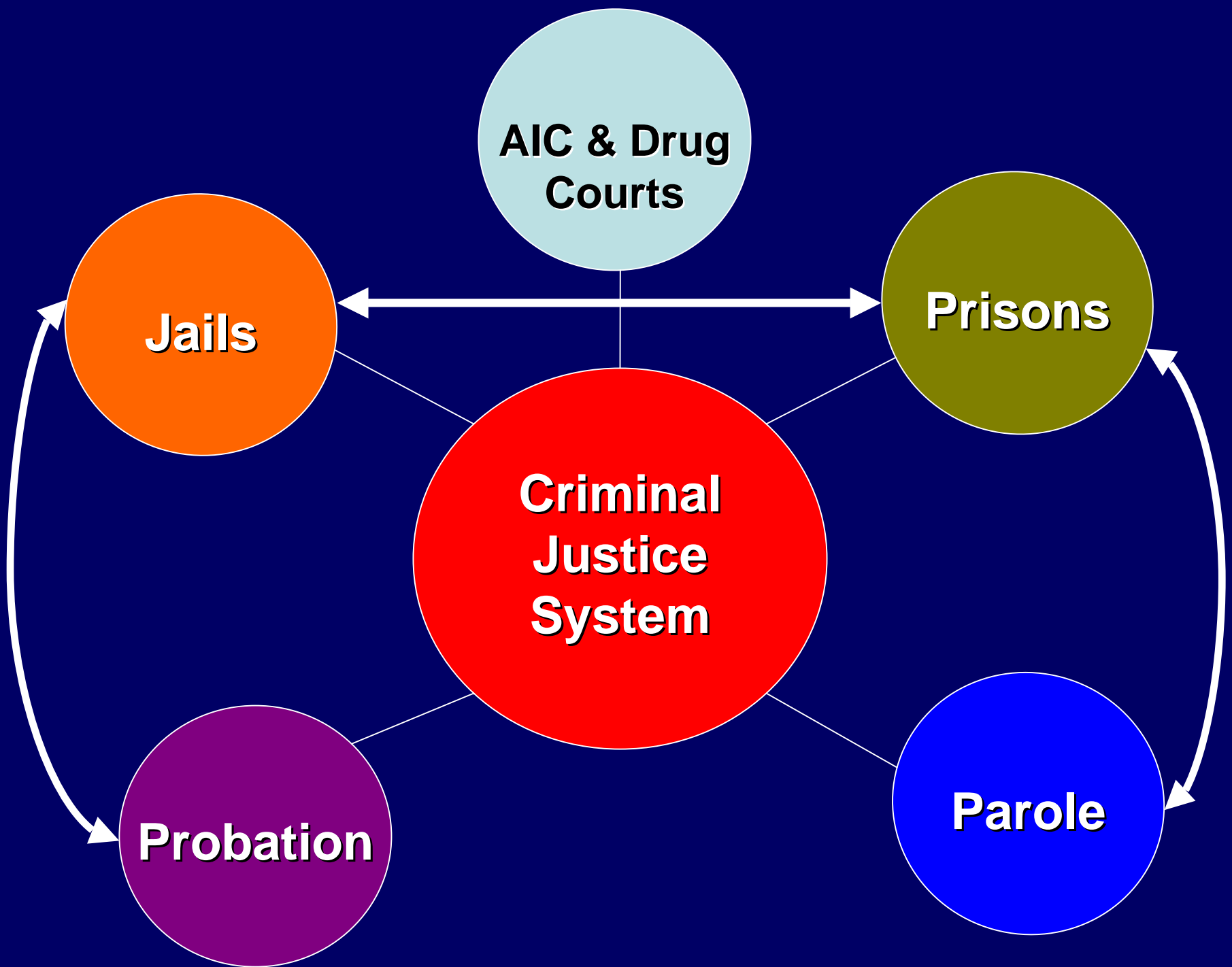
1. Bruce & Altice, *AIDS*, 2006 2. Copenhaver, Bruce & Altice, *AJDAA*, 2007

2. Bruce & Altice, *AJDAA*, 2007

RESEARCH NOTE – REVIEW OF CORRECTIONS-BASED THERAPY FOR OPIATE-DEPENDENT PATIENTS: IMPLICATIONS FOR BUPRENORPHINE TREATMENT AMONG CORRECTIONAL POPULATIONS

J Drug Issues, 2004

DUNCAN SMITH-ROHRBERG, R. DOUGLAS BRUCE, FREDERICK L. ALTICE



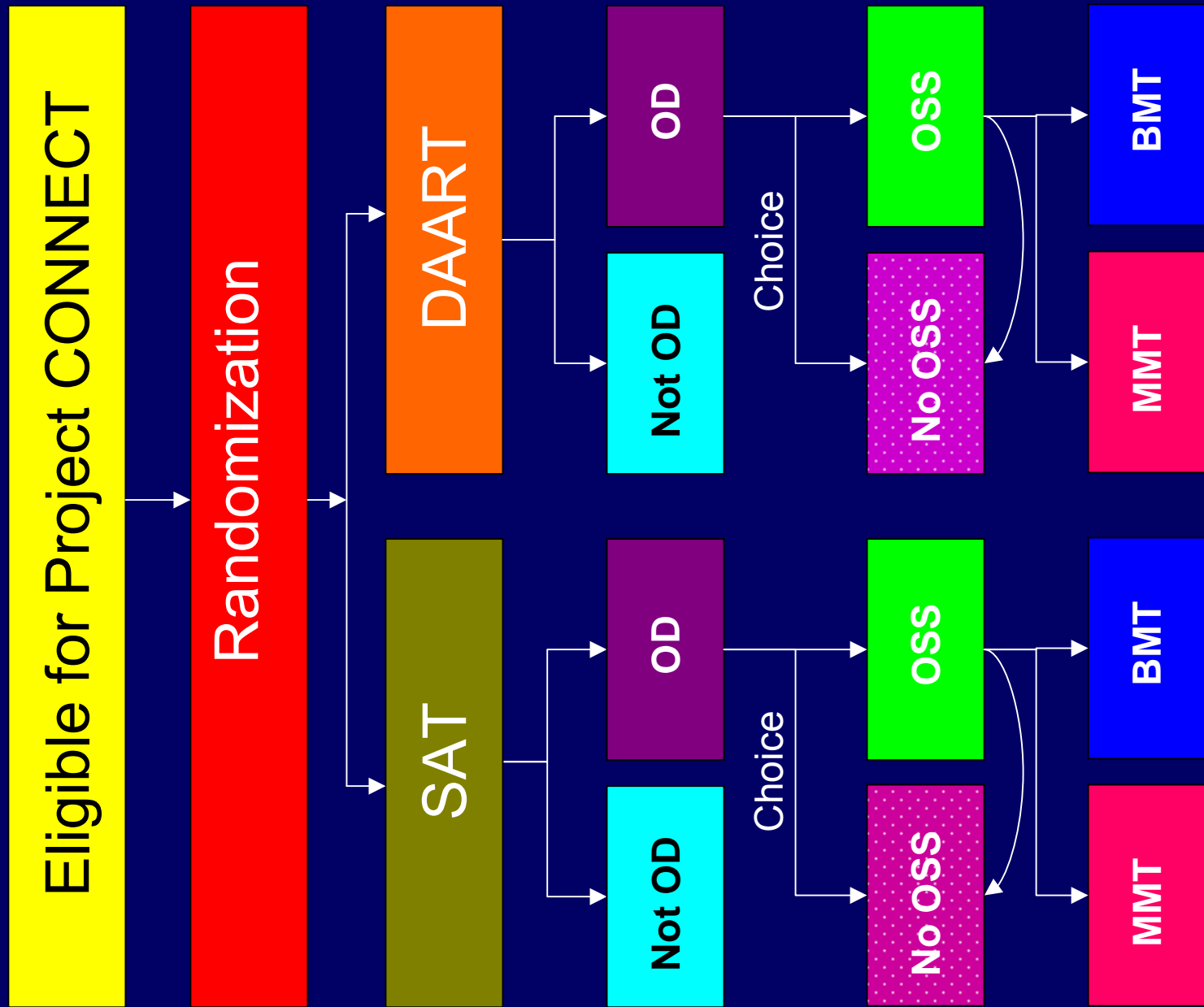
What's Known About BPN and Released Prisoners

- Non-U.S. Experience
 - Puerto Rico (N=53) pilot project with HIV- men. Retention at 4 weeks 73%, of which 75% had (-) urine opioids (ITT=47%) ¹
 - France, where BPN available to HIV+ and HIV- prisoners, was associated with ↓ recidivism, HIV risk behaviors and highly accepted ^{2,3}
- U.S. Experience
 - Pilot studies in Connecticut, San Francisco and New York City and now within several jail demonstration projects (SPNS)
 - RCT of BPN among soon-to-be released prisoners (Kinlock, CA DOC)

1 Garcia. J Addict Med. 2007; 2 Levasseur . Ann Med Interne. 2002; 3 Durand. Ann Med Interne. 2001

Project CONNECT
NIDA R01 DA 017059

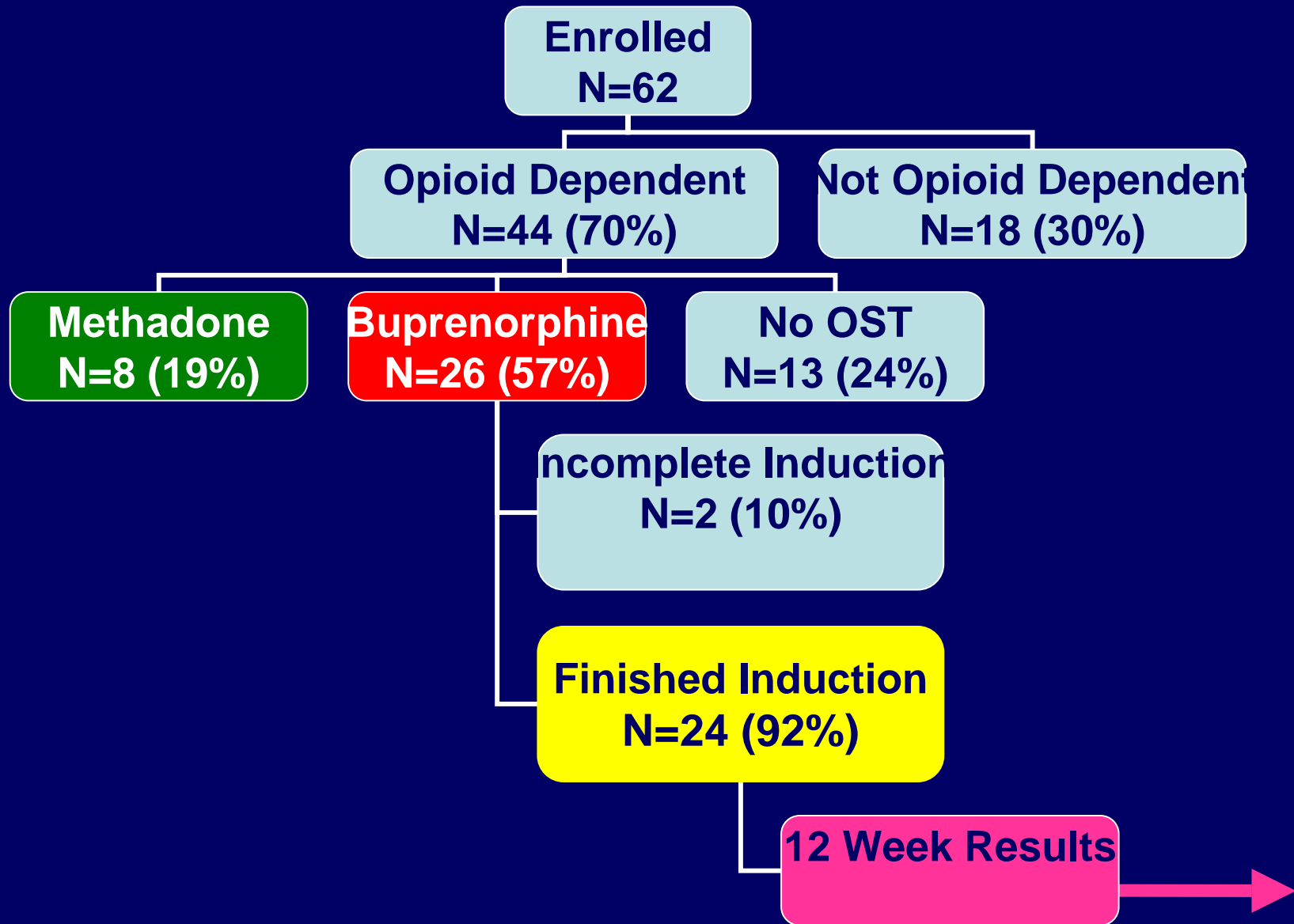
Project BRIDGE
NIDA R21 DA 019843



MMT=methadone maintenance
OD=opiate dependence

BMT=buprenorphine maintenance
OSS=opiate substitution therapy

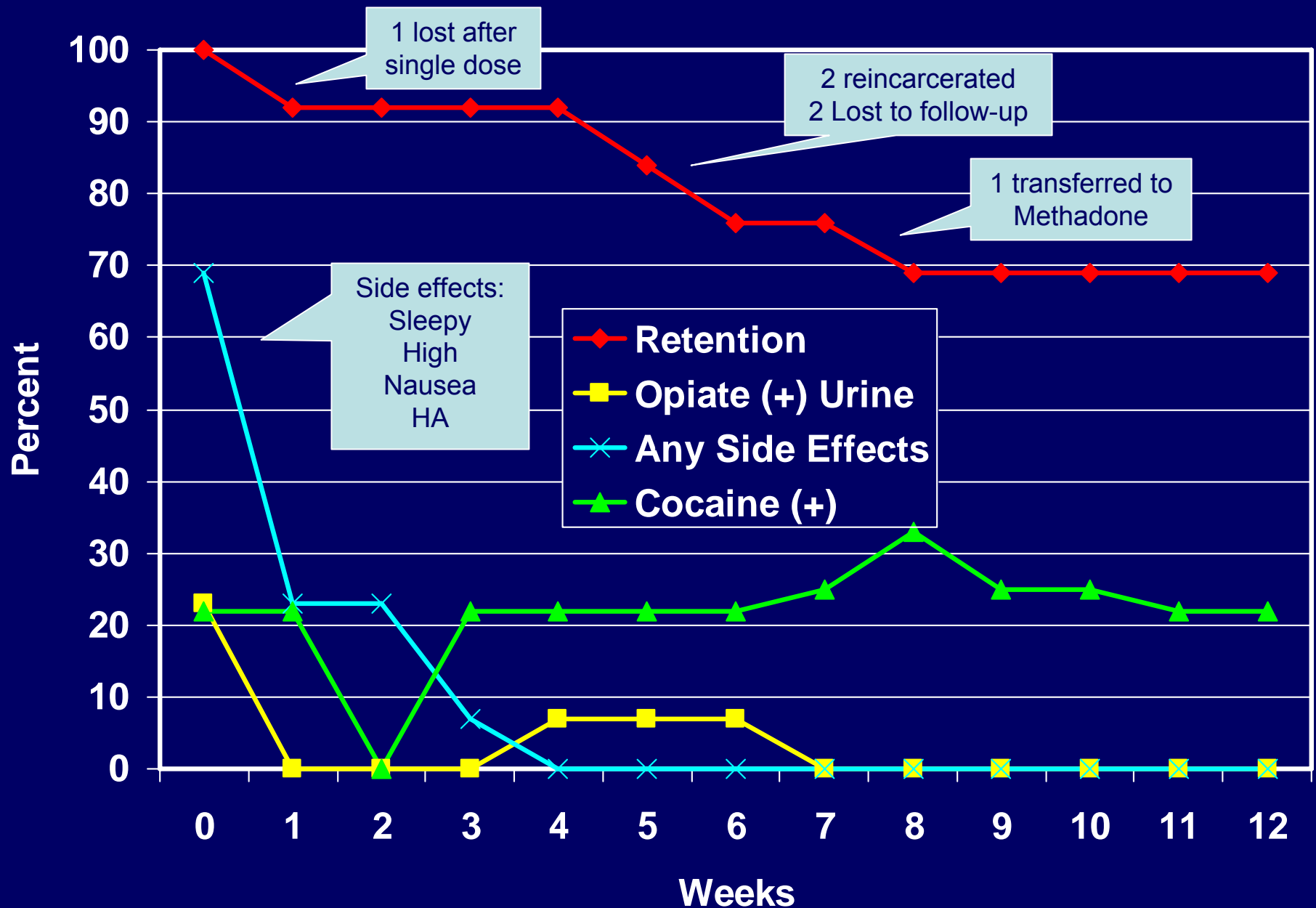
Subject Allocation



Demographics Characteristics (N=24)

Mean Age	46 yrs
Gender (M:F)	18:6
Race (B:H:W:O)	(10:11:3:0)
Co-morbid mental illness	85%
Randomization (DAART:SAT)	16:8
Median months of Incarceration	8
Craving (Score\geq5)	90%
Baseline CD4 (Mean)	307 (\pm187)
HIV-1 RNA<50 %	63%

12 week Results (N=24)



Observations

- Acceptance was high (3X higher than MM)
- Induction required 3-5 days
- Mean Induction Dose = 8mg BPN/NLX
- Mean craving score = 6 (d#1) → 2 (d#3) → 0 (12 weeks)
- Satisfaction 100% score >7
- Retention reduced secondary to temporary loss of monolingual Spanish speakers (Counselor attrition)
- Other outcomes: 12 months, impact on VL and CD4 counts, adherence, recidivism